

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

|   |  |
|---|--|
| 1 File Number U <u>033178</u> <b>8687</b>   | 2 Fiscal Year Covered From<br><u>07</u> / <u>01</u> / <u>2004</u> Through <u>06</u> / <u>30</u> / <u>2005</u>  |
| 3 Name and address of person filing<br>Name <u>Stephan</u> <u>E</u> <u>Kaak</u><br>P O Box Bldg Room No if any _____<br>Street <u>5104 Greenridge Ct</u><br>City <u>Peoria</u><br>State <u>IL</u> ZIP Code + 4 <u>61615</u> | 4 Name file number and address of labor organization<br>Name <u>UA Plumbers Local 63</u><br>Labor Organization File Number <u>033 178</u><br>P O Box Building and Room Number if any _____<br>Street <u>116 Harvey Court</u><br>City <u>East Peoria</u><br>State <u>IL</u> ZIP Code + 4 <u>61611</u> |
| 5 Position in labor organization <u>President</u>   |  |

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

|  |  |
|--|--|
| A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent |  |
| 6 Name and address of Employer (including trade name if any)<br>Name _____<br>Trade Name if any _____<br>P O Box Bldg Room No if any _____<br>Street _____<br>City _____<br>State _____ ZIP Code + 4 _____                           | 7 a Nature of Interest Transaction or Income<br>_____<br>7 b Amount<br>_____ |

Signature

|   |  |
|---|--|
| 15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions) |  |
| Signed <u>[Signature]</u>   | On <u>8/3/05</u> Date - <u>(309) 692 1544</u> Telephone Number |

Name of Person Filing **Stephan E Kaak**

File Number U **033 178**

**B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested**

**8 Name and address of Business (including trade name if any)**

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State  ZIP Code + 4

**9 Business deals with**

☐ a Labor Organization

☒ b Trust

☐ c Employer

**10 If 9 b or 9 c is checked give trust or employees name**

Name **Plumbers Local 63 Education Trust**

Trade Name if any

P O Box, Bldg Room No if any **Room 108**

Street **400 NE Jefferson St**

City **Peoria**

State **IL** ZIP Code + 4 **61603**

**11 a Nature of such dealing**

Reimbursement for attending Instructor Training Program in Ann Arbor MI  
August 2004  
Mileage \$337 50  
Per Diem \$525 00

**11 b Approximate dollar value of such dealing** **\$862 50**

**12 a Nature of interest held or income received**

**12 b Amount.**

**C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value**

**13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)**

Name

Trade Name if any

P O Box, Bldg Room No if any

Street

City

State  ZIP Code + 4

**14 a Nature of payment**

**13 b Is the Business an Employer** ☐ **or Consultant** ☐ **?**

**14 b Amount of payment.**